

**UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF FLORIDA
_____ DIVISION**

(Enter full name of Plaintiff)

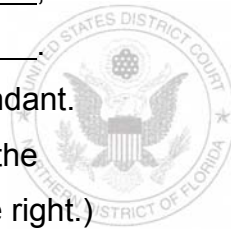
vs.

CASE NO: _____
(To be assigned by Clerk)

_____,
_____,
_____,
_____.

(Enter name and title of each Defendant.

If additional space is required, use the
blank area below and directly to the right.)



_____/

AFFIDAVIT OF FINANCIAL STATUS

The undersigned, with knowledge that there are criminal penalties for false statements,
makes the following statement regarding my marital status, residence, employment, and
financial status:

I. MARITAL STATUS:

a. Single 9 Married 9 Separated 9 Divorced 9
b. Dependents: Spouse 9 Children 9 Others 9

How many: _____

How many: _____

II. RESIDENCE:

Plaintiff's address: Street _____

Apt. _____ City _____ State _____

Zip Code _____ Phone (_____) _____

Do you own this property or rent: _____

III. EMPLOYMENT:

Are you now employed? 9 Yes 9 No

If now employed, name of Employer: _____

Address of Employer: _____

Employer's Phone # (_____) _____

Job title or description: _____

How long have you been employed by present Employer? Year(s) _____ Mo. _____

Gross Income: Monthly \$ _____ or Bi-Weekly \$ _____ or Weekly \$ _____

IV. FINANCIAL STATUS:

1. Owner of Real Property: Yes 9 No 9

a. Description: _____

b. Address: _____

c. In whose name is the property titled: _____

d. Estimated value: \$ _____ Annual income from property \$ _____

e. Amount owed on the property: \$ _____ Paid to: _____

2. Automobile:

a. Make : _____ Model: _____ Year: _____

b. In whose name registered: _____

c. Present value of car: \$ _____ Amount owed: \$ _____

3. Other Property:

a. Cash on hand: \$ _____ Possess credit cards: Yes 9 No 9

b. Cash in Bank/Savings & Loan Assoc./Credit Union: \$ _____

c. Names of Bank, Credit Union, and/or Savings & Loan Association:

Name: _____ City: _____

Name: _____ City: _____

Name: _____ City: _____

4. Financial Obligations:

a. Monthly rent on house/apartment: \$_____ Mortgage: \$_____

b. Other debts:

To whom owed: _____ Amount: _____

To whom owed: _____ Amount: _____

To whom owed: _____ Amount: _____

To whom owed: _____ Amount: _____

To whom owed: _____ Amount: _____

Total monthly payments on debts: \$ _____

5. Sources of income other than those listed above:

a. Total payments for support assistance such as Social Security Disability benefits, A.F.D.C., etc. \$_____ per week \$_____ per month

b. Retirement benefits, including Social Security:

\$_____ per week \$_____ per month

c. Amount of alimony, child support payments received:

\$_____ per week \$_____ per month

d. Other income (royalties, dividends, interest, trust fund, etc.):

Source: _____ \$_____ per week \$_____ per month

Source: _____ \$_____ per week \$_____ per month

Source: _____ \$_____ per week \$_____ per month

e. Do you regularly receive funds from a family member Yes 9 No 9

If so, amount: \$_____ How often: _____

6. Spouse:

a. Is your spouse employed: Yes 9 No 9

b. Place of employment: _____

c. Job: _____

d. Income: \$_____

7. Other information pertinent to Plaintiff's financial status: (List any stocks, bonds, interests in trusts, either owned or jointly owned, in which Plaintiff has a beneficial interest) _____

V. I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS AND INFORMATION PROVIDED ARE TRUE AND CORRECT.



SIGNED: _____

DATE: _____